## Standard Form 269

## FINANCIAL STATUS REPORT

 $(Long\ Form)$ 

(Follow instructions on the back)

Federal Agency and Organizational Element     to Which Report is Submitted			Federal Grant or Other Identifying Number Assigned     By Federal Agency				OMB Approval No. 0348-0039		Page	of
3. Recipient Organizati	ion (Name and complete address, inclu	uding ZIP code)								
4. Employer Identifica	tion Number	5. Recipient A	ng Number	Number		No		. Basis Cash Accrual		
8. Funding/Grant Period From: (Month, Day		To: (Month, I	Day, Year)	9. Period Covered by th From: (Month, Day,		nis Report		To: (Month, Day, Year)		
10. Transactions:		•		1	I		II		III	
a. Total outlays										
b. Refunds, rebat	tes, etc.									
c. Program income used in accordance with the deduction alternative										
d. Net outlays (L	ine a, less the sum of lines b and c)									
Recipient's share of net	outlays, consisting of:									
f. Other Federal										
g. Program incom	me used in accordance with the match	ning or cost								
h. All other recip	pient outlays not shown on lines e, f or	g								
i. Total recipient	i. Total recipient share of net outlays (Sum of lines, e, f, g and h)									
j. Federal share o	of net outlays (line d less line i)									
k. Total unliquida	k. Total unliquidated obligations									
l. Recipient's sha										
m. Federal share										
n. Total federal s	share (sum of lines j and m)									
o. Total federal f	unds authorized for this funding period	d								
p. Unobligated b										
Program income, consis	sting of:									
r. Disbursed prog										
s. Undisbursed p										
t. Total program	income realized (Sum of lines q, r and	ls)								
11. Indirect	a. Type of Rate (Place "X" in appro									
Expense	b. Rate	c.	Base		d. Total		e. Federal	e. Federal Share		
12. Remarks: Attach ar governing legislatio	ny explanations deemed necessary or i n:	information requ	iired by Federal sponsoring a	gency in complianc	ce with					
13. Certification: I cert	tify to the best of my knowledge and b	pelief that this re	port is correct and complete a	nd that all outlays a	and unliq	uidated obligations				
Typed or Printed Name and Title						Telephone (Area code, number and extension)				
Signature of Authorized Certifying Official						Date Report Submitted				

200-498 P.O. 139 (Face)

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(Long Form)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0039), Washington, DC 20503.

PLEASE  $\underline{DO\ NOT}$  RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the tems and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income the value of in-kind contributions etc.) You may also contact the Federal agency directly

<u>Item</u>	Entry	Item	Entry				
	ad 3. Self-explanatory.	10.b.	Enter any receipts related to outlays reported on the form that are being treated as a reduction of				
4.	Enter the employer identification number assigned by the U.S. Internal Revenue Service.		expendi-ture rather than income, and were not already netted out of the amount shown as outlays on line 10a.				
5.	Space reserved for an account number or other identifying number assigned by the recipient.	10.c	Enter the amount of program income that was used in accordance with the deduction				
6.	Check yes only if this is the last report for the period shown in item 8.		alternative.				
7.	Self-explanatory.	Note:	alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter				
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-yearprogram, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."		the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.				
9.	Self-explanatory.	10d, e,	, f, g, h, i, and j. Self-explanatory.				
10.	The purpose of columns, I, II and III is to show the effect of this reporting period's transactions on cumula-tive financial status. The amounts	10k.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.				
	entered in column I will normally be the same as those in column III of the previous report in the same funding period. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered		Unliquidated obligations on a cash basis are obliga-tions incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded.				
	on previous reports, footnote the column I entry on this report and attach an explanation.		Do not include any amounts on line 10k that have been included on lines 10a and 10j.				
10a.	Enter total gross program outlays. Include disburse-ments of cash realized as program		On the final report, line 10k must be zero.				
	income in that income will also be shown on lines 10c or 10g. Do not include program income that	101.	Self-explanatory.				
	will be shown on lines 10r or 10s.	10m.	On the final report, line 10m must also be zero.				
	For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct	10n, o	, p, q, r, s and t. Self-explanatory.				
	costs for goods and services, the amount of indirect expense charged, the value of in-kind	11a.	Self-explanatory.				
	contributions applied, and the amount of cash advances payments made to subrecipients. For reports prepared on an accrual basis, outlays are	11b.	Enter the indirect cost rate in effect during the report-ing period.				
	the sum of actual cash disbursements for direct charges for goods and services, the amount of	11c.	Enter the amount of the base against which the rate was applied.				

11d.

indirect expense incurred, the value of in-kind con-tributions applied, and the net increase or

decrease in the amounts owed by the recipient for

goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other

amounts becoming owed under programs for

which no current services or performances are required, such as annuities, insurance claims, and

other benefit payments.

11e. Enter the Federal share of the amount in 11d.

during the report period.

Note: If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the

Enter the total amount of indirect costs charged

calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

SF 269 BACK (Rev 2-92)